

15.3.n. Integration of Nutrition Services Into the Service Recipient's Daily Schedule: Integration requirements specified in *Chapter 13, Section 13.18.* are applicable to nutrition providers.

15.4. Vision Services

15.4.a. Waiver Definition for Vision Services: Vision services are available only to service recipients enrolled in the "Arlington" Waiver. The waiver definition for vision services approved by the Centers for Medicaid and Medicare Services (CMS) is:

Vision Services: Vision Services shall mean routine eye examinations and refraction; standard or special frames for eyeglasses; standard, bifocal, multi-focal, or special lenses for eyeglasses; contact lenses; and dispensing fees for ophthalmologists, optometrists, and opticians;

Vision Services are not intended to replace services available through the Medicaid State Plan/TennCare program. All Vision Services for children enrolled in the waiver are provided through the TennCare EPSDT program.

15.4.b. Obtaining Approval for Vision Services: A unit of vision services must be defined in the service recipient's ISP. Vision services are paid in accordance with the current TennCare vision services rate schedule. The ISP, ISP amendment or ISP update establishing the need for vision services must be submitted to the Regional Office by the service recipient's support coordinator/case manager. Any alternative funding resources, such as the TennCare Managed Care Organization or private insurance must have been exhausted before waiver vision services may be accessed. The TennCare program does not cover routine eye examinations and refraction, eyeglass frames or contact lens for adults over the age of 21. The ISP must be authorized in writing by the Regional Office prior to implementation.

15.5. Adult Dental Services

15.5.a. Waiver Definition for Adult Dental Services: The definitions for dental services differ in different waiver programs. The "Statewide" waiver definition for Adult Dental Services shall apply to the Tennessee Self Determination Waiver Program and to DMRS state-funded dental services. The "Statewide" waiver definition for Adult Dental Services is:

Adult Dental Services: Adult Dental Services shall mean accepted dental procedures which are provided to adult enrollees (i.e., age 21 years or older) as specified in the plan of care and for which there is no coverage for adults through the Medicaid State